Administrative Notice DMMA-08-2008

TO: All DMMA Staff

DATE: November 24, 2008

SUBJECT: Adult Foster/Residential Care Payment Increase

BACKGROUND

Each year the Social Security Administration implements an annual cost-of-living adjustment (COLA). The full amount of the COLA is passed along to all individuals who are certified for State Supplementation in Adult Foster Care Homes and Residential Care Facilities. Effective January 2009, the COLA is 5.8 percent.

DISCUSSION

The attached Schedule of Payment Levels will be effective January 1, 2009. The sponsor rate for 2009 will be no more than \$661.00 per month for an individual and no more than \$1,194.00 per month for a couple. The personal needs amount for an individual residing an Adult Foster Care Home or a Rest Residential Facility will be no less than \$116.00 per month. The personal needs amount for a couple will be no less than \$210.00 per month.

ACTION REQUIRED

DCIS II will be updated with these new amounts.

DIRECT INQUIRIES TO

Barbara L. Lewis (302) 424-7228

Signed on November 24, 2008 HARRY B. HILL, DIRECTOR DIVISION OF MEDICAID & MEDICAL ASSISTANCE

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SCHEDULE OF PAYMENT LEVELS

January 1, 2009 to December 31, 2009

FEDERAL BENEFIT

Effective January 1, 2009, the Federal Cost of Living Adjustment (COLA) will be 5.8%. The full amount of the COLA will be passed along to all recipients of State Supplementation on a case-by-case basis.

The Federal Benefit Rate (FBR) for a recipient with no countable income before and after the adjustment is:

	01-01-2008	01-01-2009
	to	to
	12-31-2008	12-31-2009
LIVING ARRANGEMENT		
Individual in own household	\$637.00	\$674.00
Couple in own household	\$956.00	\$1,011.00
Individual in household of	\$425.00	\$449.00
another		
Couple in household of	\$637.00	\$674.00
another		
Individual in Title XIX facility	\$30.00	\$30.00
Couple in Title XIX facility	\$60.00	\$60.00

OPTIONAL STATE SUPPLEMENT

For an individual/couple certified by the Division of Aging and Adults with Physical Disabilities, the Division of Developmental Disabilities Services or the Division of Medicaid & Medical Assistance as residing in an Adult Foster Home or a Rest Residential Facility, the following schedule will apply:

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	01-01-2008	01-01-2009				
	to	to				
	12-31-2008	12-31-2009				
Federal Benefit Rate						
Individual	\$637.00 \$674.00					
Couple	\$956.00	\$1,011.00				
Optional State Supplement						
Individual	\$140.00	\$140.00				
Couple	\$448.00	\$448.00				
Total Payment Level						
Individual	\$777.00	\$814.00				
Couple	\$1,404.00	\$1,459.00				
Sponsor Rate (no more than)						
Individual	\$661.00 \$692.0					
Couple	\$1,194.00	\$1,241.00				
Personal Needs (no less than)						
Individual	\$116.00 \$122.00					
Couple	\$210.00	\$218.00				